PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/720,091 | | | ing Date 25/2003 | To be Mailed |
|--|---|---|---|---|------------------|---|--|---|----|-----------------------|------------------------|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY 🛛 | | | | HER THAN |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OR | RATE (\$) | FEE (\$) |
| | BASIC FEE | _ | N/A | LD NO | N/A | | N/A | TEE (0) | l | N/A | TEE (0) |
| ⊢ | (37 CFR 1.16(a), (b), s SEARCH FEE | or (c)) | | | | | | | ł | <u> </u> | |
| H | (37 CFR 1.16(k), (i), or EXAMINATION FE | | N/A | | N/A | | N/A | | l | N/A | |
| TO | (37 CFR 1.16(a), (p), (| | N/A | | N/A | | N/A | | l | N/A | |
| (37 | CFR 1.16(i)) | | minus 20 = * | | | l | x \$ = | | OR | x s = | |
| | EPENDENT CLAIM CFR 1.16(h)) | | minus 3 = * | | | | x \$ = | | | x \$ = | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and drawings e sheets of paper, the application si is \$250 (\$125 for small entity) for e additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFR | | | | | | | | |
| | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | 1 | | |
| * If | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | 1 | TOTAL | |
| | APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | |
| AMENDMENT | 02/28/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.16()) | · 18 | Minus | 21 | = 0 | 1 | X \$25 = | 0 | OR | x s = | |
| Z | Independent (37 CFR 1.16(h)) | • 5 | Minus | 7 | = 0 | 1 | X \$100 = | 0 | OR | x s = | |
| ME | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | |
| ᆫ | | (Column 1) | | (Column 2) | (Column 3) | | | | | | |
| L | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| Z. | Total (37 CFR 1,16()) | | Minus | •• | | l | x \$ = | | OR | x \$ = | |
| AMENDMENT | Independent (37 CFR 1.16(h)) | • | Minus | *** | |] | x \$ = | | OR | x s = | |
| Ш | Application Size Fee (37 CFR 1.16(s)) | | | | | | | |] | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| Γ | | | | | | | | | OR | TOTAL ADD'L FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "30". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.